

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 27 1943 18

State File No. _____
Registrar's No. **4556**

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran Convelescent Home**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 yrs +**
(Specify whether years, months or days) **75 yrs**

3. (a) PRINT FULL NAME **Laura Monks**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife **Samuel (Deceased)** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 13 1850**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 **8** **1** hr. min.

9. Birthplace (City, town, or county) (State or foreign country) **Ky 1**

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Andrew Bacon**
13. Birthplace (City, town, or county) (State or foreign country) **Ky 1**
14. Maiden name **Mary Davis**
15. Birthplace (City, town, or county) (State or foreign country) **Ky 1**

16. (a) Informant **Mrs 24y Johnson**
(b) Address **Springville Ky**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem**

18. (a) Signature of funeral director **Fred M Williams**
(b) Address **4525 W Washington**

19. (a) **MAY 17 1943** (Data received local registrar) (b) **J. F. Bredek** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9 15**
(d) Street No. **22 4359 Taft Ave.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **5** day **14** year **1943** hour **11:00** minute **PM**
21. I hereby certify that I attended the deceased from **April 12** to **May 14** 19**43**
that I last saw him alive on **May 14** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myeloiditis 24y**
Arterio Sclerosis 75y
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **W. F. Bredek** (M. D. or other) **7/24/43**
Address **4525 W Washington** Date signed **7/24/43**

May 14, 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice, No.....
working under my personal supervision.

Signed.....

J. Allen Davis Jr.
Licensed Embalmer No. 4053

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.